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Bib Data Sheet

CONFIRMATION NO. 6714

SERIAL NUMBER 09/586,307	FILING DATE 06/02/2000 RULE	CLASS 601	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 201183.00002
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** CONTINUING DATA *****

None *[Signature]*

** FOREIGN APPLICATIONS *****

None *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/28/2000

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 8	TOTAL CLAIMS 88	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

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TITLE

Massage device

FILING FEE RECEIVED 2019	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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